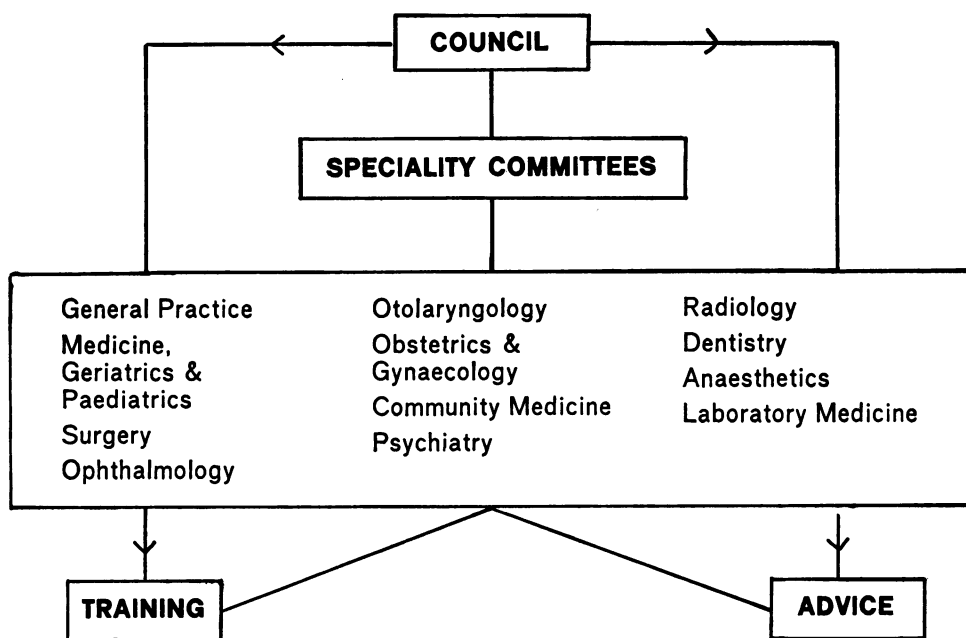


THE NORTHERN IRELAND COUNCIL FOR POSTGRADUATE MEDICAL EDUCATION

THE last account of Council's activities appeared in the Summer 1972 number of the Ulster Medical Journal and since then much has been achieved in spite of the constraints imposed by the political situation in Northern Ireland.

Council has two main functions: an advisory one as a Council and an executive one as a Regional Postgraduate Committee. The implementation of training programmes leading to accreditation in the various specialities, changing patterns of continuing education for medical and dental practitioners and the growth of the scheme for vocational training for general practice have placed fresh burdens on Council's secretariat and speciality committees in their executive role. At the same time the re-structuring of the Health Services has imposed new duties on Council in its advisory capacity. More staff, new offices and an increased financial grant, all of which are necessary if Council is to function efficiently, have been the subject of prolonged but successful talks with Government.

Council has now formalised its administrative structure, which is portrayed in the following diagram: —



1. Training Courses and Rotations for Junior Hospital Staff
2. Vocational Training and Continuing Education for General Medical and Dental Practitioners
3. Postgraduate Centres, supervised by Postgraduate Clinical Tutors
4. Administration of Pre-Registration Year on behalf of Queen's University

1. Advice to Government on the Organisation, Finance and Facilities for Postgraduate Medical and Dental Training
2. Careers Information and Advice for Junior Medical and Dental Staff
3. Advice to Married Women Doctors

FUTURE MEMBERSHIP OF COUNCIL

At present Council is essentially a consortium of doctors and dentists interested in postgraduate medical and dental education and training who have been nominated by Queen's University, the National Health Service, and the Colleges, Faculties and other professional bodies. Many can speak for more than one interest.

It has been found impracticable to fill satisfactorily vacancies caused by retirement and resignations and Council has itself proposed that it should become a Council of representatives, each member being nominated directly by an interested organisation. This proposal is being considered at present by the Department of Health and Social Services (N.I.).

POSTGRADUATE PROGRAMME

During the present academic year the postgraduate programme for junior hospital staff includes for the first time courses in otolaryngology, ophthalmology, laboratory medicine and dental anatomy. In an effort to co-ordinate courses and save valuable teaching time the possibility of organising a 'Common Ground' clinical course similar to the 'Common Ground' basic medical sciences course is being investigated.

In general practitioner education considerable interest has been aroused by the introduction of the Modified Essay Question learning technique. The M.E.Q., as it is known, is designed to assess the attitudes, skills in defining and solving problems and factual recall of candidates sitting for the Membership examination of the Royal College of General Practitioners.

In Northern Ireland the M.E.Q. has been developed as a teaching/learning method both in vocational training and in the continuing education of established practitioners. It is based on a continuing clinical problem met with in general practice and leads the practitioner step by step through the problem, asking him to indicate his course of action at intervals. It has three main advantages over the traditional didactic lecture. It forces practitioners to participate actively in a learning situation; it enables them to share their experience with others in small groups and it saves teaching time – an increasingly important consideration today in Northern Ireland.

The undergraduate dental curriculum, unlike the medical curriculum, is still designed to produce a 'safe' dentist. Nevertheless Council's Dental Committee feels there is a case for some degree of vocational training for newly qualified dentists and hopes to arrange a course of this kind.

CAREERS INFORMATION AND ADVICE

Council has continued to develop its careers information and advisory service. A booklet entitled Career Guidance 1973 was published in the autumn. This booklet, based largely on a similar publication by Scottish Council, is intended to provide a simple compendium of basic information for senior medical students and recent graduates who are considering their future careers. It describes the kind of training needed for each field of medical practice and the examination requirements

and future prospects and competition for each speciality. It was distributed to all undergraduate students at Queen's and to all doctors and dentists in Northern Ireland and was well received. It was introduced at a Careers Fair held in Erskine House, Belfast City Hospital, which was attended by some 350 undergraduates and junior hospital staff. The Fair created much interest and in spite of some adverse criticism, was judged generally to have been worthwhile. Council would like to take this opportunity of thanking all who participated in its organisation and especially the staff of the Department of Medical Illustration and Photography, Royal Victoria Hospital.

Council has accepted vicarious responsibility for the administration of the pre-registration year at the request of Queen's University, the statutory licensing body, which will continue to approve pre-registration posts. It has continued to operate the careers information and advisory service for pre-registration house officers.

The specialty committees have interested themselves in greater depth in the provision of suitable training rotations for junior hospital staff and through Council have advised Government and the Central Services Agency about new appointment and posting procedures for hospital medical and dental staff in the senior registrar, registrar and senior house officer grades. This advice has been largely accepted. They hope to play a more prominent and active role than in the past and to enable them to offer appropriate advice about individuals to appointment and posting panels, Council intends to establish a comprehensive system for recording the career intentions, training programmes, posting preferences, progress reports, etc., of all medical and dental staff in training. This is a formidable but necessary administrative undertaking designed solely to help junior doctors and dentists to achieve career posts. Council also hopes to play a useful role in the Northern Ireland Central Manpower Committee to be established early in 1974 by the Department of Health and Social Services (N.I.).

TRAINING STANDARDS AND COLLEGE VISITORS

The various Royal Colleges, Faculties and professional bodies have set out detailed requirements for vocational training for all specialties and have already recognised or are in the process of recognising appropriate hospital posts for training in each specialty. Most think that some experience outside the particular specialty concerned is desirable. If present trends continue newly registered doctors will be able to undertake a training programme in the specialty of their choice. This programme will normally lead to the award of a professional diploma, such as the MRCP or FRCS and thereafter acceptance for higher professional training, leading to accreditation and probably to a consultant appointment; similarly, those training for general practice will enter practice after completing a recognised training programme and many will wish to sit for the MRCP as well.

Hospital posts, including those in rotational training programmes and general practice training programmes, will be inspected by the various academic bodies to ensure that there is a proper balance between training and service needs and that essential facilities for postgraduate training (e.g. radiological and laboratory

services, libraries, postgraduate medical centres, etc.) are available. Posts will be assessed by College visitors after personal visits and scrutiny of background hospital information and reports. It should be stressed that approval or recognition of posts as suitable for training will be granted solely by individual colleges or faculties and that Council and its specialty committees have no responsibility for these decisions.

COUNCIL'S OFFICES

Council hopes to move into new offices at 5 Annadale Avenue, Belfast 7, during the next year.

THE BIGGART TROPHY

The former Belfast Hospital Management Committee kindly presented Council with a silver trophy in honour of Sir John Biggart. This trophy will be awarded to the winning team at the Clinico-Pathological Conference organised annually by the Northern Ireland Faculty of the Royal College of General Practitioners. It was won for the first time on 6 December 1973 by a team from the Belfast division of the British Medical Association (N.I. Branch).

J.E.McK.

SURGICAL TRAINING COMMITTEE

The members of the committee are:—Professor A. D. Roy (Chairman); Mr. T. G. Parks (Secretary); Mr. J. H. Balmer, Craigavon Area Hospital; Mr. R. C. Curry, Belfast City Hospital; Mr. C. Gilligan, Mater Infirmorum Hospital; Mr. G. W. V. Greig, Lagan Valley Hospital; Mr. N. C. Hughes, Plastic Surgery; Mr. G. W. Johnston, Royal Victoria Hospital and N.I. Council for Postgraduate Medical Education; Mr. T. L. Kennedy, Royal Victoria Hospital and Representative of The Royal Colleges on Specialist Advisory Committee for Higher Surgical Training in General Surgery; Mr. A. McCalister, Ulster Hospital; Dr. J. McKnight, N.I. Council for Postgraduate Medical Education; Mr. N. McLeod, Northern Ireland Orthopaedic Service; Mr. H. M. Stevenson, Thoracic Surgery; Mr. R. I. Wilson, Northern Ireland Orthopaedic Service.

The committee is responsible for advising on the overall training in general surgery and the surgical specialties. It is also responsible for the rotation of trainees through the various surgical posts during the pre-fellowship and post-fellowship periods of training. Members of the committee make themselves available so that those in training have the opportunity to make known their individual interests and requirements. Trainees at senior house officer, registrar or senior registrar level are encouraged to discuss informally any problem relating to their surgical career and training.

As in previous years, the Department of Surgery in conjunction with the Northern Ireland Council for Postgraduate Medical Education arranged regular surgical lectures and seminars, surgical pathology tutorials, radiology classes and ward rounds. In addition to general surgery, the programme was designed to cover the various surgical specialties as widely as feasible. The results in the postgraduate examinations clearly indicate the immense benefit that trainees have derived from rotational training and organised teaching programmes in surgery.

A new feature during the year was the introduction of "One-day Symposia" for surgeons of all grades throughout the province. Participants included not only those from the surgical specialties but also those from other disciplines, e.g. medicine, pathology, radiology and radiotherapy.

T.G.P.

COMMUNITY MEDICINE COMMITTEE

The Royal Commission on Medical Education (Todd) used the term "community medicine" to describe the specialty practised by administrators of medical services, by epidemiologists and by doctors working in community clinical services. Community medicine is concerned with broad questions of health and disease in particular geographical and occupational sections of the community and in the community at large. This latter function entails detailed examination of specific health problems with recommendations for their effective amelioration or cure, i.e. programmes of care.

In accordance with the aims clearly expressed in the Todd and Hunter Reports it is aimed that doctors who are trained, who obtain the appropriate qualification M.F.C.M. and who practise in this speciality will enjoy terms and conditions of service and career prospects clearly as good as those of consultants in other specialties. These principles are already embodied in the latest Review Body Report which recommends consultant salary scales for certain administrative medical officers and community physicians.

Specialist Training

The need for adequate systems of specialist training for new recruits to this discipline, after they have gained suitable clinical experience, is stressed by the Royal Commission. There is an urgent need for employing authorities to establish adequate training posts to enable recruits to take full advantage of academic and service education in preparation for specialist qualification. Under the guidance of the Community Medicine Committee of the Northern Ireland Council for Postgraduate Medical Education three doctors are already in training and all four Health and Social Services Boards will make training posts available and participate in training programmes. Training posts will be subject to approval by the Faculty of Community Medicine.

In the Faculty's memorandum on training in community medicine reference is made to approval of the following three types of post and it is envisaged that these

will all be made available by Area Health Boards to suitable candidates in Northern Ireland.

1. *Clinical Posts*: These would form part of general professional training and be graded as Senior House Officer posts. The candidates would engage in work suitable as preparation for the specialty, e.g. paediatrics, epidemiology, general practice, etc.

2. *Training Posts or Fellowships*: It is anticipated that there would be a variety of these posts of registrar status. During the tenure of the posts, in preparation for Part I of the M.F.C.M., candidates would attend either full-time or part-time academic centres; full-time for one academic year at an English or Scottish University leading to a Diploma in Social Medicine (or comparable qualification), or part-time over a period of two years attending 3 week modular academic courses in Britain, alternating with in-service training in the field gaining practical experience in community medicine.

3. *Higher Training Posts*: These posts (equivalent to Senior Registrar) would provide the opportunity for those in training to undertake work of increasing responsibility in various aspects of community medicine and in research. These posts could also be made available to those working in the academic field.

In addition to the above posts it is important that training and experience should be made available for those wishing to specialise in medical administration, epidemiology, research and intelligence, environmental medicine and other allied specialties.

The above posts will be subject to approval as "supervising body" by the Faculty of Community Medicine. The Community Medicine Committee of Council will be responsible for the supervision of training programmes of trainees.

Examination for the Diploma M.F.C.M.

The examination will be in two parts. Part I is designed to test the candidate's knowledge of epidemiology, statistics, social sciences, principles of administration and management in relation to health and social services. Part II is designed to test the candidate's ability to apply the content of basic subjects to one or more aspects of community medicine approved by the examiners. Written material will normally take the form of an original project and the examination will include an oral test on the subject of the material and related subjects. Part II must be entered within 3 years of passing Part I other than in exceptional circumstances approved by the Faculty.

During the past year the Community Medicine Committee has defined its ideas on training posts in the specialty and on future training requirements and career prospects in the re-structured health service. Its Careers Advisory Service has given advice and guidance to postgraduate students and participation in the Council's Careers Fair has provided an opportunity for graduates and undergraduates to learn more about this field in medicine where in its contribution to the common

good greater emphasis is placed on the importance of prevention, environment and the social aspects of health and disease.

The Chairman of the Community Medicine Committee, Dr. J. McA. Taggart, is available (Phone Belfast 44611) to advise undergraduate and postgraduate students on Regulations for the M.F.C.M. and on matters concerning career prospects in Community Medicine.

J.McA.T.

LABORATORY MEDICINE COMMITTEE

During the year, the Committee gave consideration to the requirements for training in laboratory medicine and in particular to the inter-departmental rotation which is necessary for candidates preparing for the Primary Examination for Membership of the Royal College of Pathologists. This problem is still unresolved.

It was felt that some steps should be taken to try to establish a pattern of lectures in the different laboratory disciplines which would be suitable for candidates preparing for the Primary Examination and to this end a lecture series has been established in morbid anatomy and histopathology, medical microbiology, haematology, and chemical pathology. The lectures are normally held as lunch-time sessions and when the series has ended an assessment will be made as to its effectiveness and of the lessons which have been learned which can lead to the presentation of a more complete course in the next academic year.

The Committee noted with some disquiet the very considerable disparity between the allocation of registrar and senior registrar posts in the Royal Victoria Hospital as compared with the Belfast City Hospital. A meeting was held with representatives of the Authority before its demise and a case was made for a phased increase in the registrar and senior registrar establishments in the Belfast City Hospital. No action has yet been taken by the Eastern Area Board on this.

D.W.N.

OBSTETRICS & GYNAECOLOGY COMMITTEE

The Obstetrics and Gynaecology Committee wishes to congratulate the following doctors who have obtained the M.R.C.O.G.:

Dr. T. Anderson

Dr. H. A. M. Makhoul

Dr. W. E. Hunter

Dr. D. D. Boyle

Dr. A. Roberts

Dr. J. S. Robinson

Dr. C. M. Greeves

Dr. J. S. Bingham

Dr. Jeffrey Robinson, a Queen's graduate, who is presently working in the Nuffield Institute for Medical Research, Oxford, came first in the examination and was awarded the Council's Gold Medal. He is the first Irishman to achieve this distinction.

H.L.

OTOLARYNGOLOGY COMMITTEE

The committee, set up in 1972, has supported the previously existing education programme and research facilities for senior house officers and registrars working in otolaryngology departments of Northern Ireland hospitals.

The committee which consists of:

Mr. J. H. A. Black

Mr. G. D. L. Smyth

Mr. R. S. McCrea

Mr. A. G. Kerr

Mr. R. Harvey

has advised the Northern Ireland Hospitals Authority, the Northern Ireland Council for Postgraduate Medical Education and the Faculty of Medicine, Queen's University, on the future organisation of training programmes and the developmental requirements of the Department of Otorhinolaryngology during the next decade. Rotational training now exists between the Eye and Ear Clinic, Royal Victoria Hospital and the ENT Departments of the Belfast City, Tyrone County and Altnagelvin hospitals. Advanced lectures in para-otological subjects, lectures and demonstrations in micro-anatomy of the temporal bone. intensive small group tuition preparatory to the final ENT FRCS and a Journal Club are held weekly in the Eye and Ear Clinic, Royal Victoria Hospital. Junior staff have been active in research and have co-authored contributions on otologic research to the Journal Club of the Radcliffe Infirmary, Oxford, March 1973, the ENT Research Club of Guy's Hospital, London, March 1973, the International Symposium in Chronic Ear Surgery, Gummersbach, West Germany, May 1973, the 4th International Congress of Otorhinolaryngology at Venice in June 1973, the International Symposium of Neuro-otological Surgery in Valencia in June 1973, the Annual Meeting of the Canadian Society of Otorhinolaryngology in Toronto, July 1973, the Tennessee ENT Society in Memphis, Tennessee, September 1973, the American Academy of Ophthalmology and Otolaryngology in Dallas, Texas, September 1973. In addition, Dr. Kathleen Law gave a paper to the Annual Meeting of the Irish Ear, Nose and Throat Society in Cork in October 1973 and Mr. Michael Cinnamon read a paper to the Royal Society of Medicine entitled Impedance Audiometry in Meniere's Disease in November 1973.

Negotiations regarding the expansion of activities of the Department of Otorhinolaryngology with continued development of the work of the research laboratories and augmentation of our audio-visual facilities are in hand.

G.D.L.S.